# **Editor's Comment**

# The pivotal role of standardized internship in the future of thoracic surgery

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#### Dear Author and Readers,

I read with great interest the letter regarding the recognition of thoracic surgery and the crucial role of internship training programs in solving the challenges faced by our specialty. Yazkan, in his letter [1], touches upon a fundamental issue that extends beyond the operating room and reaches the core of medical education, the visibility and understanding of thoracic surgery within the general medical community.

As highlighted in the letter, the separation of thoracic surgery from cardiovascular surgery in Türkiye was a necessary step for specialization and the advancement of scientific knowledge [1]. However, as the author rightfully points out, this specialization should not lead to isolation. The fact that emergency practitioners or allied health personnel may struggle to interpret chest radiographs accurately or manage life-threatening conditions like pneumothorax is not merely a professional inconvenience for thoracic surgeons; it is a matter of patient safety.

The disparity in internship programs, ranging from compulsory to elective or integrated models, creates a heterogeneous landscape of competency among medical graduates. This inconsistency directly correlates with the "recognition problem" mentioned. If a physician does not encounter the dynamics of our field during their formative years, they cannot be expected to advocate for it, refer appropriately, or manage thoracic emergencies competently in their future practice [2].

Therefore, the author's emphasis on "learning outcomes" aligned with the National Core Education Program is particularly pertinent. Thoracic surgery must not be viewed

merely as a niche surgical subspecialty but as a provider of essential skills that every graduating physician must possess. A standardized, outcome-based, and compulsory internship program is indeed the most effective tool to ensure that the "ABCs" of thoracic trauma and pathology are ingrained in the medical community [3].

I commend the author for shifting the focus from clinical techniques to the educational foundations of our profession. Enhancing the quality and standardization of undergraduate education is the most sustainable investment for the recognition of our branch

**Keywords:** medical education, internship, curriculum, professional recognition, thoracic surgery

## **Declaration of conflicting interests**

The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

### **Funding**

The author received no financial support for the research and/or authorship of this article.

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Doi: 10.26663/cts.2025.035

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